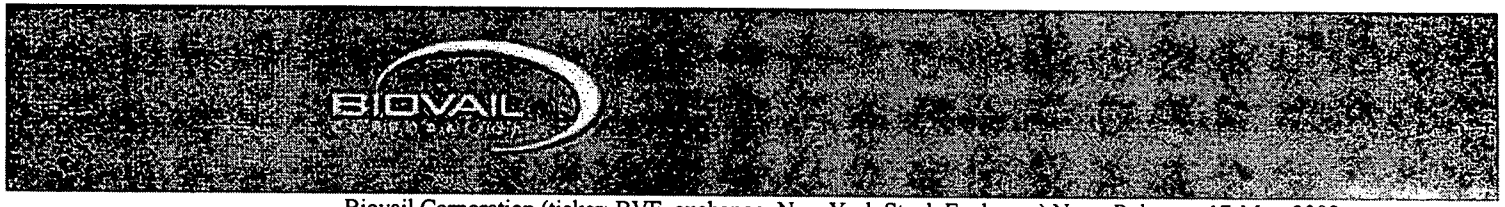
Exhibit "D"



Biovail Corporation (ticker: BVF, exchange: New York Stock Exchange) News Release - 17-May-2002

Biovail Reports New Graded-Release Diltiazem Helps Control Blood Pressure Surges

OVERVIEW
CORP. GOV. & DIRECTORS
STOCK QUOTE
STOCK CHART
NEWS RELEASES
SHAREHOLDER REPORTS
ANALYSTS
EARNINGS ESTIMATES
FUNDAMENTALS
SEC FILINGS
CALENDAR OF EVENTS
FAQ
E-MAIL ALERTS
INFO REQUEST
HOMEPAGE
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NEW YORK--(BW HealthWire)--May 17, 2002--

Results Presented at ASH Show Novel Therapy Synchronizes with

Natural Body Rhythms to Maximize Protection

Biovail Corporation (NYSE:BVF - News; TSE:BVF - News) today announced a new graded-release formulation of diltiazem hydrochloride dosed at 10 p.m. provided the most significant reductions in blood pressure in the hours between 6 a.m. and noon, a time when risk of heart attack and stroke is greatest. The formulation is currently under investigation as an antihypertensive therapy.

According to researchers presenting at the 17th Annual Scientific Meeting of the American Society of Hypertension, a 360 mg nighttime dose of graded-release diltiazem lowered both diastolic and systolic blood pressure readings significantly more during the high-risk hours than an identical dose administered in the morning. In addition, single nighttime doses of varying strengths were all shown to provide clinically important antihypertensive effects around the clock.

"Morning surges in blood pressure pose real risks to people with cardiovascular disease, yet most are treated with traditional therapies that do little to address these potentially dangerous peaks," said Stephen Glasser, MD, lead study author and professor of epidemiology at the University of Minnesota, School of Public Health. "Our investigational study demonstrates that graded-release diltiazem dosed in the evening delivers maximum antihypertensive effects in the morning hours when patients need it most."

Graded-release diltiazem is being evaluated as chronotherapy, or treatment synchronized to the body's natural rhythms, known as circadian rhythms. Blood pressure is highly sensitive to circadian variations and follows a predictable cycle, including a substantial rise upon early-morning awakening, a plateau during daily activities and a decline of approximately 20 percent during sleep. The early-morning surge is particularly concerning to clinicians and may be an important factor in the increased incidence of life-threatening cardiovascular events in the period from 6 a.m. to noon. Data show a 40 percent higher risk of heart attack, a 29 percent higher risk of cardiac death and a 49 percent higher risk of stroke during these critical morning hours.(1)

Glasser and colleagues compared the safety and efficacy of graded-release diltiazem at once-daily nighttime (10 p.m.) doses of 120 mg, 240 mg, 360 mg and 540 mg with placebo. In a separate study arm, they compared a 360 mg nighttime dose with an equal dose administered in the morning (8 a.m.). The study involved 478 adult patients with moderate-to-severe high blood pressure.

Results showed that all nighttime doses of graded-release diltiazem produced dose-related reductions in trough diastolic and systolic blood pressure (6 p.m. to 10 p.m.), demonstrating that the agent maintains its antihypertensive effect for a complete 24-hour period.

Researchers highlighted data showing the 360 mg nighttime dose lowered mean diastolic blood pressure (DBP) between 6 a.m. and noon by an additional 3.3 millimeters of mercury (mmHg) and mean systolic blood pressure (SBP) by an additional 5.3 mmHg when compared with the equivalent morning dose. Lowering mean SBP is especially significant since recent data show SBP may be a better predictor than DBP of coronary artery disease, heart failure, stroke and death.(2)

"The improved efficacy of the evening dose during the high-risk morning hours demonstrates the ability of this new formulation to synchronize with circadian rhythms," said Glasser. "Our findings reinforce that nighttime dosing of chronotherapeutic agents is an important option to maximize blood pressure control when patients are at greatest risk for cardiovascular events."

Study data also showed the 540 mg dose, when administered at night, was well tolerated and demonstrated optimal mean blood pressure reductions from 6 a.m. to noon (14.8 mmHg DBP and 18.5 mmHg SBP), suggesting it may serve as a further therapeutic option when more aggressive treatment is desired.

Discontinuation due to adverse events was higher in the placebo group (4.3%) than in the diltiazem group (3.2%). Treatment-related side effects were statistically similar between patients who received graded-release diltiazem (14.2%) and those in the placebo group (13%).

The most commonly reported treatment-related side effects in the diltiazem group were lower limb edema (4.2%) and headache (3.9%).

In a separate meeting, Biovail also disclosed its plans for additional Phase IV clinical trials for graded-release diltiazem. The studies will compare the chronotherapeutic benefits of the product versus Norvasc(R) (amlodipine besylate) and Altace(R) (ramipril). Study populations will include diabetic hypertensives, African-American hypertensives and Stage I and II hypertensive patients. It is anticipated that initial results on two of these studies will be available by year end.

Biovail Corporation is an international full-service pharmaceutical company, engaged in the formulation, clinical testing, registration, manufacture, sale and promotion of pharmaceutical products utilizing advanced drug delivery technologies. More information on Biovail Corporation can be found on http://www.biovail.com.

"Safe Harbor" statement under the Private Securities Litigation Reform Act of 1995.

To the extent any statements made in this release contain information that is not historical, these statements are essentially forward looking and are subject to risks and uncertainties, including the difficulty of predicting FDA approvals, acceptance and demand for new pharmaceutical products, the impact of competitive products and pricing, new product development and launch, reliance on key strategic alliances, availability of raw materials, the regulatory environment, fluctuations in operating results and other risks detailed from time to time in the company's filings with the Securities and Exchange Commission. ----------

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events. AJH. 2001;14:291S-295S.

(2) Cohen J. Superior physicians and the treatment of

hypertension. Arch Intern Med. 2002;162(4).

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